

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/519908

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	1					
2		1					52						
3							53						
4		2					54						
5		2					55						
6		2					56						
7		0					57						
8		0					58						
9		0					59						
10		0					60						
11		0					61						
12		0					62						
13		0					63						
14		0					64						
15		0					65						
16		0					66						
17		0					67						
18		0					68						
19		0					69						
20		0					70						
21		0					71						
22		0					72						
23		0					73						
24		0					74						
25		0					75						
26		0					76						
27		0					77						
28		0					78						
29	1						79						
30		1					80						
31		1					81						
32		2					82						
33		2					83						
34		2					84						
35		0					85						
36		0					86						
37		0					87						
38		0					88						
39		0					89						
40		0					90						
41		0					91						
42		0					92						
43		0					93						
44		0					94						
45		0					95						
46		0					96						
47		0					97						
48		0					98						
49		0					99						
50	1						100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	1	↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	1	←		←		←
TOTAL CLAIMS							TOTAL CLAIMS	1					